

CANCELLATION OF COMMERCIAL MEDICAL MARIJUANA GROWER LICENSE BOND

OKLAHOMA MEDICAL MARIJUANA AUTHORITY LICENSE NUMBER		SURETY BOND NUMBER	
DATE OF CANCELLATION NOTICE	DATE OF CENCELLATION		CERTIFIED MAIL TRACKING NUMBER
NAME OF LICENSEE ("Principal")			
FACILITY ADDRESS/PERMIT AREA ADDRESS			
MAILING ADDRESS			
CONTACT PERSON			
PHONE NUMBER		EMAIL	
NAME OF SURETY ("Surety")			
MAILING ADDRESS			
PHONE NUMBER		EMAIL	
such surety bond via certified mail. The Date effective Date of Cancellation listed above, wail at PO Box 262266, Oklahoma City, OK Cancellation of a surety bond discharges the Cancellation. No claim shall be made on the Failure of a licensee to provide proof to OM	e of Cancellation shall be whichever is later in time 73126-2266. Esurety from liability are surety bond named he MA via certified mail of by OMMA before cance	pe thirty (30) days after Cone. The notice of cancellar ising from actions or inactions or inactions or inactions or inactions one (1) years of a new, alternate bond responses	DMMA has received notice of cancellation of DMMA's receipt of the cancellation notice or the ation shall be transmitted to OMMA via certified actions of the Principal after the Date of year after the Date of Cancellation of this bond. The meeting the requirements of 63 O.S. § 427.26 bond shall result in disciplinary action including,
Witness our hands and seals, this	.,		
withess our rialius and seals, this	_ day 01, 20_	Signature of F	
Witness our hands and seals, this	_ day of, 20_	Type or Printe	Surety
		Name of Sure	

Oklahoma.gov/OMMA Updated 7.6.2023